

Nomination Form
Military Department
State/Federal
Employee Recognition Program

Nominee Information

Name: _____

Award: _____

Office: _____

Location: _____

Substantiation for nomination (please be specific, use examples and attach supporting documentation as appropriate):

Nominated by: _____ Date: _____

**RETURN FORM TO EMPLOYEE RECOGNITION PROGRAM
C/O ADMINISTRATION DIVISION**

Please Fax to 860-524-4986 (attn: *Employee Recognition Committee*)